

Foster Family Home - Corrective Action Report

Provider ID: 4-510942

Home Name: Renely Ubilas, CNA

Review ID: 4-510942-8

100 Kealahilani Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 8/13/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 9/13/20.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(3) Fire shall be held under varying conditions, e.g., eating, visiting, bath times, etc.

(3P)(b)(4) Fire shall include testing of smoke detectors

(3P)(b)(5) Fire shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b) Fire, (3P)(b)(1) Fire, (3P)(b)(2) Fire, (3P)(b)(3) Fire, (3P)(b)(4) Fire, (3P)(b)(5) Fire, (3P)(b)(6) Fire- No evidence of documented fire drills since 11/2019

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5) - Client #1 medications last documented on 8/6/20, Client #2 medications last documented on 8/5/20. Client #1- Dose of medications on MAR do not match most recent MD order.

54.(c)(6) - Provision of care last documented for client #1 on 8/6/20 and for Client #2 on 8/5/20



Compliance Manager



Primary Care Giver

8/13/2020

Date

8/13/2020

Date

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: RENELY L UBILAS

(PLEASE PRINT)

CCFFH Address: 100 KEALOHILANI ST., KAHULUI, HI. 96732

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
3Pb1,2,3,4,5,6	Error cannot be corrected. Fine tune quarterly Concurrent Chart Review. Prioritize filing in binders.	08/13/20	Use Outlook/apple program to assign DUE dates for each SCG. Calendar created in Home Communication Binder and reviewed concurrently with 3 Client Logs
54.c5,6	Error cannot be corrected. Confirm dosage with [REDACTED] pharmacy. Requested visit and H&P from current PCP for clarifications. Confirmed CMA reporting. It was found that the new PCP sent the new prescription to another [REDACTED] store and not the current-both stores are in the Wailuku area. [REDACTED] able to capture correct dosage and dispense accordingly on 8/25/20	08/19/20	Ensure there is no "carry over" from previous Rx or change in PCP by added concurrent reviews Will review monthly, on "First-Friday", all Rx documents to match. Create mini-checklist for flags in communication binder. Exercise due diligence with promptly administering meds and checking off MARs closer to Client's room.



All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 9/4/2020



CTA has reviewed all corrected items